

ORALHEALTH_{ri}

A Quarterly Oral Health Newsletter of the Rhode Island Department of Health

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Director, RI Department of Health

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Donald L. Carcieri
Governor

HEALTH News

Rules and Regulations Pertaining to Pain Assessment

Effective May 29, 2003, rules and regulations were established for the purpose of adopting requirements relating to the assessment of pain by healthcare facilities and health providers, *including dentists*, in Rhode Island. A general requirement of the new regulation mandates that healthcare facilities and health providers conduct an assessment of pain experienced by a patient on a regular basis in accordance with a written protocol established by the facility or provider.

Patient self-report, health care provider assessment, and/or a pain intensity tool shall be used for the assessment, which must be documented in the patient's clinical record.

These final rules and regulations may be found on the Rhode Island Secretary of State's website: www.rules.state.ri.us/rules/released/pdf/DOH/

Access to Dental Care in Nursing Homes Is Getting Worse

John R. Young, Associate Director, Division of Health Care Quality, Financing & Purchasing
Frank A. Spinelli, Administrator, Center for Adult Health

RI Department of Human Services

A *Providence Business News (PBN)* article, "Nursing homes facing dental care crisis" (April 7, 2003), reported on the long-standing problem of access to dental care for residents of Rhode Island's nursing facilities. PBN cited the recent departure of a dental care provider from the Rhode Island market as compounding the limited dental services available to nursing home residents. Nursing homes by law are required to meet the health care needs of their residents, including dental care.

While some residents may be able to visit a dentist off-site, many residents cannot. In addition, most residents of Rhode Island's 100 nursing homes have Medicaid coverage, the state and federal program for low-income individuals, the disabled and the elderly. Medicaid reimbursement for dental services has often been cited as inadequate since the reimbursement does not cover the actual cost of dental treatment. In addition, not many oral health providers are willing to treat residents on-site at nursing facilities regardless of the patient's public or private insurance coverage. In discussions with nursing home industry representatives, the RI

Department of Human Services (DHS) confirms what others have reported, namely, that only a limited number of dentists and dental hygienists are willing to travel to nursing facilities and that rates of reimbursement for Medicaid patients are too low. In addition, dentists have the perception that nursing home patients are

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difficult to treat. DHS also found that although the number of dentures purchased through the Medicaid program has increased, access to dental services has actually diminished.

DHS will continue to work with others such as the Long Term Care

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New Smoking Cessation Publications Available

The Agency for Healthcare Research and Quality (AHRQ) has produced a series of three new publications for smokers who are trying to quit.

- **Good Information for Smokers**, a consumer booklet that lists ways to get help to quit smoking.
- **You Can Quit Smoking**, a pocket card with four quick tips to help smokers get ready to quit.
- **A 5-Day Countdown to Your Quit Date**, a pocket-sized flipbook with detailed information on preparing to quit.

The new publications can be obtained by calling 800-358-9295, by e-mail to ahrqpubs@ahrq.gov or online at www.ahrq.gov/path/tobacco.htm.

Editorial Policy

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Comments? Questions?

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Policy Statement Highlights Pediatrician's Role in Improving Children's Oral Health

The American Academy of Pediatrics (AAP) has issued a new policy on "tooth decay prevention," urging pediatricians to add prevention of dental caries to the care they give their young patients and examine the oral health status of all babies starting at age 6 months. Pediatricians are also being asked to evaluate parents' oral health and to discourage parents from continuing some potentially harmful habits such as cleaning dropped pacifiers or toys with their own saliva to avoid spreading bacteria that cause tooth decay.

Pediatric dentists who are members of the Academy and helped to write the new policy say it should not be interpreted as infringing on dentist prerogatives or responsibilities. Rather, they believe the policy is

justified because dental caries is among the most prevalent of infectious conditions in children in the U.S., and because infants usually have physician visits long before they start seeing a dentist. While the prevalence of childhood dental caries has declined significantly with scientific advances, including fluoridation of drinking water, the government estimates that over half of children in the U.S., ages 5 to 9 years old, have at least one decayed tooth.

To read the full text of the policy statement *Oral Health Risk Assessment Timing and Establishment of the Dental Home* go to <http://www.aap.org/policy/S040137.html>.

Amalgam Ban Could Harm Those Who Need It Most

Over the past year, a number of legislative proposals and lawsuits targeting dental amalgam have raised concern that dentistry's longest-lived and most affordable restorative material could be on its way out. If amalgam were banned, low-income Americans would be stripped of the only restorative material covered by Medicaid and most private insurance programs, according to the October issue of *AGD Impact*, a monthly publication of the Academy of General Dentistry (AGD).

Anti-amalgam forces claim that the mercury in amalgam is hazardous and directly related to diseases, including Alzheimer's, autism and multiple sclerosis, among others. However, a host of public health agencies and scientific organizations worldwide say these assertions are based on faulty science and insist that 150 years of scientific research and real-world use prove amalgam is safe. If anti-amalgam forces are more effective than organized dentistry at

getting their message to voters and those who serve on juries, then the science may be irrelevant. Proposed legislation to restrict the use of amalgam exists in Congress and in more than a dozen states. Lawsuits have been filed against the American Dental Association and state dental associations in California, Georgia, Maryland, and Ohio. In April, Rep. Diane Watson, D-CA introduced H.R. 4163 that would prohibit any interstate commerce of mercury intended for use in dental fillings after 2006, effectively banning the material. "The absurdity of this position is that if her bill passes, access to dental care for poor Americans will be reduced dramatically," says AGD Legislative and Governmental Affairs Council Chair Cynthia E. Sherwood, DDS. "The costs associated with composite restorations are usually triple that of amalgam. Any ban on amalgam would have negative consequences on access to dental care."

Secondhand Smoke Linked to Dental Caries (Tooth Decay) in Children

Young children exposed to secondhand smoke appear to have a greater risk of developing dental caries, according to research by C. Andrew Aligne, MD, a pediatrician formerly with the University of Rochester and now the founder of Pediathink, a research consulting firm in Rochester, N.Y.

Using data collected from 1988 to 1994 in the Centers for Disease Control and Prevention's Third National Health and Nutrition Examination Survey (NHANES III), Pediathink's research team examined the connection between secondhand smoke and oral health problems in children. Data analysis of 3,531 children, aged 4 to 11 years included blood level measurements of cotinine, a nicotine by-product that serves as a marker for environmental tobacco smoke (ETS) exposure.

As reported in the March 12 issue of the *Journal of the American Medical Association (JAMA)*, the study found

that 25% of the children had at least one unfilled decayed tooth surface and 33% of the children had at least one filled tooth, which indicated a prior history of dental caries.

Researchers also found that 53% had cotinine levels that demonstrated exposure to secondhand smoke. However, researchers reported that the association between elevated cotinine levels and tooth decay was not as statistically significant in children's permanent teeth.

"It is known that passive smoking causes so many health problems in kids, some that are related to cavities," Aligne told United Press International (UPI). "It's probably not that cotinine in and of itself in your blood is causing cavities." Instead, secondhand smoke might cause children to breathe through their mouths more, creating dry mouth (and greater potential for decay). He added that ETS exposure might suppress children's immune systems,

making them more vulnerable to a host of illnesses, including oral diseases.

Although the study looked at blood levels of cotinine, the measurements did not indicate how often a child's household members smoked. "It's difficult to connect that to how many cigarettes [a parent or caretaker] is smoking," Aligne said. However, "this is one more piece of evidence that passive smoking harms children."



Message from DHS

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Coordinating Council (LTCCC), which has created a workgroup to discuss dental care access issues. The LTCCC dental workgroup comprised of nursing home representatives, dental care providers, staff from the Departments of Health, Human Services and Elderly Affairs, and members of the Alliance for Long Term Care, will recommend actions to improve dental care access for nursing home residents to the LTCCC. Currently the workgroup is investigating a number of options to address these issues by researching successful programs in other states. Limited or lack of dental care access at nursing facilities is not unique to Rhode Island. Other states have experienced similar, long-standing access problems that pre-date current state budget shortfalls. Lack of access to dental care services in nursing homes potentially places many nursing facilities at risk for non-compliance with state and federal regulations.

NIDCR Campaign on the Oral Complications of Cancer Treatment

The National Institute of Dental and Craniofacial Research (NIDCR) is pleased to announce two recently completed projects regarding the campaign, Oral Health, Cancer Care, and You: Fitting the Pieces Together. First launched in 1999, the campaign targets oral health professionals, oncology professionals, and cancer patients with messages about the oral complications of cancer treatment. Publications include brochures, laminated guides, and tip sheets that address the effects cancer treatment can have on the mouth and how to prevent and address complications. NIDCR recently conducted a technical review of the program's publications with the campaign's core panel of experts. As a result, the following publications have been revised and re-released:

Oral Complications of Cancer Treatment: What the Oral Health Team Can Do

http://www.nohic.nidcr.nih.gov/campaign/den_fact.htm

Oral Care Provider's Reference Guide for Oncology Patients

http://www.nohic.nidcr.nih.gov/campaign/dnt_guid.htm

Oral Complications of Cancer Treatment: What the Oncology Team Can Do

http://www.nohic.nidcr.nih.gov/campaign/onc_fact.htm

Oncology Reference Guide to Oral Health

http://www.nohic.nidcr.nih.gov/campaign/onc_guid.htm

Gubernatorial Appointments to RI Board of Examiners in Dentistry

Governor Donald L. Carcieri has announced the appointment of three dentists to the Rhode Island Board of Examiners in Dentistry: Richard L. Glick, DDS, Andrew J. Molak, DMD, and Michael L. Rubinstein, DDS.

■ Dr. Glick is a graduate of Georgetown University School of Dentistry, received a Certificate in Periodontology from the New York University Graduate School of Dentistry and practices periodontics in Cranston.

■ Dr. Molak is a graduate of Tufts University School of Dental Medicine, is a past President of the Rhode Island Dental Association and maintains a general dentistry practice in Pawtucket.

■ Dr. Rubinstein is a graduate of Loyola University Chicago Dental School, is a past President of the Rhode Island Chapter of the Academy of General Dentistry, and maintains a general dentistry practice in Providence.

ANNOUNCEMENTS

RI Board of Examiners in Dentistry:

Board Meetings

RI Department of Health, Providence, RI

July 23, 2003 @ 9:30 AM – 11:30 AM

August 20, 2003 @ 9:30 AM – 11:30 AM

September 24, 2003 @ 9:30 AM – 11:30 AM

For information, call Gail Giuliano at 401.222.2151

RI Oral Health Professional Advisory Council

RI Department of Health, Providence, RI

August 20, 2003 @ 7:30 AM – 9:00 AM

For further information, call Deborah Fuller, DMD, at 401.222.3044

RI Special Senate Commission on Oral Health

RI Department of Health, Providence, RI

September 10, 2003 @ 8:30 AM – 10:00 AM

For information, call Marie Ganim at 401.222.1772

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A Healthy Smile Can Last A Lifetime

www.health.ri.gov/disease/primarycare/oralhealth/home.htm